

STATE OF RHODE ISLAND BOARD OF EXAMINERS OF LANDSCAPE ARCHITECTS

1 Capitol Hill, 3rd Fl. Providence, RI 02908 Phone: (401) 222-2565 Fax: (401) 222-5744 www.bdp.state.ri.us

COA INITIAL APPLICATION

Certificate of Authorization (COA) R.I. Gen. Laws §5-51-13

Corporations and partnerships. --- (a) A corporation or partnership may not be licensed as registered to practice landscape architecture or to use any form of the title "landscape architect" in connection with the corporate or partnership company name unless authorized by this chapter.

- (b)(1) The right to engage in the practice of landscape architecture is a personal right, based upon the qualifications of the individual evidenced by his or her license and is not transferable.
- (2) No person shall practice landscape architecture, or use the title "landscape architect", or any title, sign, card, or device to indicate that this person is practicing landscape architecture, or is a landscape architect, unless that person has secured from the board a license in the provided manner.
- (3) All final drawings, specifications, plans, reports, or other papers or documents involving the practice of landscape architecture, as defined in §5-51-1, for use in this state shall be dated, and bear the signature and seal of the landscape architect or landscape architects who prepared or personally supervised their preparation.
- (c) The practice or offer to practice landscape architecture as defined by this chapter by a corporation, partnership, or sole proprietorship, (hereafter "the "firm"), through one or more landscape architects license under the provisions of this chapter, is permitted provided, that those licensed landscape architect(s) are in direct control of the practice; exercise personal supervision of all personnel who act on behalf of the firm in professional and technical matters; and are registered under the provisions of this chapter; and, provided further, that the firm has been issued a certificate of authorization by the board of examiners of landscape architects.
- (d)(1) Within one year after enactment of this chapter, every firm must obtain a certificate of authorization from the board, and those individuals in direct control of the practice, and who exercise direct supervision of all personnel who act on behalf of the firm in professional and technical matters must be registered with the board.
- (2) The certificate of authorization is issued by the board upon satisfaction of the provisions of this chapter and the payment of the required fee. This fee is waived if the firm consists of only one person who is the person in responsible charge.
- (e)(1) Every firm desiring a certificate of authorization must file with the board an application on a form provided by the board. Every certificate of authorization is valid for a period of two (2) years and expires on the last day of June of each even numbered year following its issuance.
- (2) A separate form provided by the board is to be filed with each renewal of the certificate of authorization. In addition, each firm shall complete a renewal form within thirty (30) days of the time any information previously filed with the board has changed, is no longer true or valid or has been revised for any reason.
- (3) If, in its judgment, the information contained on the application and renewal form is satisfactory and complete, the board issues a certificate of authorization for the firm to practice landscape architecture in this state.

Revised: 11/02



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COA INITIAL APPLICATION

CERTIFICATE OF AUTHORIZATION INITIAL APPLICATION

INSTRUCTIONS FOR CORPORATIONS and LIMITED LIABILITY COMPANIES

- 1. Complete the <u>Certificate of Authorization</u> (COA) application, **have it notarized**, and mail it to the Board with the initial application fee of \$50.00. If the application is complete, it will be reviewed by the Board at its next scheduled meeting. **If you are the only employee in your firm, you are exempt from the fee.**
- 2. You must also contact the RI Secretary of State's office at (401) 222-3040 and request the application to register as a company doing business in RI. <u>Do not submit the Secretary of State application until you receive the conditional approval letter from the Board.</u>
- 3. After review by the Board, you will be mailed a conditional approval letter. At this time you may submit your application to the Corporation Division of the Office of the RI Secretary of State. With your application, you must also submit a written request for a Certificate of Good Standing, the required fee, and a copy of the conditional approval letter from the Board.
- 4. The RI Secretary of State Corporation Division will forward a <u>Certificate of Good Standing</u> to you. You must mail the **original certificate** to this office for completion of the application process.
- 5. Upon receipt of your <u>Certificate of Good Standing</u>, you will be issued a <u>COA number and wall certificate</u>. Your Certificate of Authorization (COA) must be renewed every two (2) years. Renewal applications will be mailed at the appropriate time.

INSTRUCTIONS FOR SOLE PROPRIETORSHIPS, PARTNERSHIPS and LIMITED LIABILITY PARTNERSHIPS

INITIAL APPLICATION

- 1. Complete the <u>Certificate of Authorization</u> (COA) application, **have it notarized**, and mail it to the Board with the initial application fee of \$50.00. If the application is complete, it will be reviewed by the Board at its next scheduled meeting. **If you are the only employee in your firm, you are exempt from the fee.**
- 2. Upon Board acceptance, you will be issued a <u>COA number and wall certificate</u>. Your Certificate of Authorization (COA) must be renewed every two (2) years. Renewal applications will be mailed at the appropriate time.

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COA#	
Check # _	



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COA INITIAL APPLICATION

Name under which services will be offered.			1		
Name: At	Attn:		FEE: \$50.00		
			(Make check payab	le to: Treasurer	State of RI)
Address:			Corporation	า	
			Partnership		
			Sole Proprie	etorship	
City State Zip			Limited Liab	oility Company	
Phone: () Fax: () _			Limited Liab	oility Partnership	
SERVICES OFFERED IN R.I.:					
List all Rhode Island licensed landscape architects in respon	nsible charge w	vho act on be	ehalf of the firm.		
I acknowledge that I must notify this Board in the event that responsible charge. I further acknowledge that in the event that within seven (7) days of the date of such termination and that oth performed by this firm. I hereby certify that I am familiar with practice for which I am licensed.	such a terminat nerwise, this Boa and agree to co	ion of responant	sibility occur, that I muthorized to hold me in Rhode Island laws	nust notify this boaresponsible for an	ard, in writing, y and all work
<u>Name</u>	RI Lic. No.		<u>Signature</u>		
	<u> </u>				
Are you listed on any other COA's?					
If you are the only employee in your firm, you are exempt from	om the fee if yo	u complete t	his section.		
"I hereby certify that I have no employees and that I am the sole responsible charge." $% \label{eq:lemma1}$	Rhode Island lic	ensed landsc	cape architect of the fi	irm and the individ	ual in
Signature					
Number of employees including self.	_				
1. Have you or any partner, officer, majority shareholder or men any offense which involves, fraud, professional negligence, mor state the nature of the charge, the State in which the charge we charges are pending, please briefly explain.	ral turpitude or a	are any such	charges now pending	g? If yes, for each	ch such offense
2. Has any partner, officer, majority shareholder or member of that his or her license to practice landscape architecture revoked and the nature and State of such revocation or suspension.				ne of such person,	
3. Have you read/understood the provisions of R.I. Gen. Laws Title 5, Chap. 51 as amended			•	Yes	No
4. Have you read/understood the Rules of the Board adopted by the Board? Yes				Yes	No
I am aware that the Certificate of Authorization may be revoked be violated any provisions of those laws or regulations governing				corporation violate	s or causes to
Signed (Corporate Officer)	Title:		D)ate:	
Before me personally appeared the signer of the above, who ack purposes stated. In witness thereof: Subscribed and sworn to be					for the
County and State Signed (Notary Public)		Date Comn	mission Expires	Notary S	ieal